

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Ckuj, Thomas, G.				Name of Joint Debtor (Spouse) (Last, First, Middle): Ckuj, Alice, M.			
All Other Names Used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names Used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 5796				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 3142			
Street Address of Debtor (No. and Street, City, and State): 1630 Timber Trail				Street Address of Joint Debtor (No. and Street, City, and State): 1630 Timber Trail			
Wheaton, Illinois			60189	Wheaton, Illinois			60189
County of Residence or of the Principal Place of Business: DuPage				County of Residence or of the Principal Place of Business: DuPage			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding			
Chapter 15 Debtors Country of debtor's center of main interests Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owned to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Thomas G and Alice Ckuj	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: Northern District of Illinois	Case Number: 11 B 27852	Date Filed: 1/24/12	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> X Signature of Attorney </div> <div style="text-align: center;"> 10/31/15 Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition. <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 10px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgement for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

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<p>Voluntary Petition (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): Thomas G and Nicole Ckuj</p>
<p>Signatures</p>	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u></u> Signature of Debtor</p> <p>X <u></u> Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) 10/31/2015</p> <p>Date</p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p>X <u></u> Signature of Attorney Howard Peritz</p> <p>Printed Name of Attorney for Debtor(s) The Law Offices of Howard Peritz</p> <p>Firm Name 1121 Lake Cook Road, Suite P</p> <p>Address Deerfield, Illinois 60015</p> <p>847 562 5880 Telephone Number</p> <p>_____ Date</p> <p><small>* In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notice and information required under 11 U.S.C. 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer) (Required by 11 U.S.C. § 110)</p> <p>_____ Address</p> <p>X _____</p> <p>_____ Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>_____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	

UNITED STATES BANKRUPTCY COURT
Northern District of IllinoisIn Re Thomas G and Alice Ckuj
DebtorCase No. _____
(if known)Chapter 7**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0 00		
B - Personal Property	Yes	5	\$5,200.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		\$806.00	
E - Creditors Holding Unsecured Priority Claims	Yes	2		0 00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$123,342.58	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,806 00
J - Current Expenditures of Individual Debtor(s)	Yes	1			3,375 00
TOTAL		22	\$5,200 00	\$124,148 58	

UNITED STATES BANKRUPTCY COURT
Northern District of IllinoisIn Re: Thomas G and Alice Ckuj
DebtorCase No. _____
(if known)
Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)(whether disputed or undisputed)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)(whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	2,806 00
Average Expenses (from Schedule J, Line 22)	3,375 00
Current Monthly Income (from Form 22A-1 Line 11, OR, Form 22B Line 14, OR, Form 22C-1 Line 14)	0 00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" COLUMN		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column.		
4. Total from Schedule F		\$123,342.58
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		123,342.58

UNITED STATES BANKRUPTCY COURT
Northern District of IllinoisIn Re. Thomas G and Alice Ckuj
DebtorCase No. _____
(if known)
Chapter 7**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0 00		
B - Personal Property	Yes	5	\$5,200 00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		\$806.00	
E - Creditors Holding Unsecured Priority Claims	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$132,262.84	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,806 00
J - Current Expenditures of Individual Debtor(s)	Yes	1			3,375 00
TOTAL		20	\$5,200 00	\$133068 84	

UNITED STATES BANKRUPTCY COURT
Northern District of IllinoisIn Re: Thomas G and Alice Ckuj
DebtorCase No. _____
(if known)Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

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☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)(whether disputed or undisputed)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)(whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	2,806 00
Average Expenses (from Schedule J, Line 22)	3,375 00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1 Total from Schedule D, "UNSECURED PORTION, IF ANY" COLUMN		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3 Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4 Total from Schedule F		\$132,262.84
5 Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$132,262.84

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption	Amount of Secured Claim
Total			\$0.00	

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet properly identified with the same case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state the person's name and address under "Description and Location of Property". If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
1. Cash on hand.		Cash on hand		50.00
2. Checking, savings or other financial accounts, CD's, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives.		Checking Account at Chase		450.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		5 Rooms of used furniture		500.00

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		normal wearing apparel		200 00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars.	X			
12. Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in real estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
21. Other contingent or unliquidated claims of every nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories		2007 Dodge Nitro		4,000 00
26. Boats, motors, and accessories	X			
27. Aircraft and accessories.	X			
28 Office equipment, furnishings, and supplies	X			

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory	X			
31. Animals	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total				\$2,200.00

In Re.

Thomas G and Alice Ckuj

Case No

Debtor

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds
\$155,675 *

☐ 11 U.S.C. § 522(b)(2)

☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on hand	735-5/12-1001(b)	50.00	50.00
Checking Account at Chase	735-5/12-1001(b)	450.00	450.00
5 Rooms of used furniture	735-5/12-1001(b)	500.00	500.00
normal wearing apparel	735-5/12-1001(a)	200.00	200.00
2007 Dodge Nitro	735-5/12-1001(c)	4,000.00	4,000.00

In Re:

Thomas G and Alice Ckuj

Case No

Debtor

(if known)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption

In Re: Thomas G and Alice Ckuj Case No. _____
 Debtor (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

Creditor's Name and Mailing Address Including Zip Code	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred, Nature of Lien, and Description and Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account Number: 101271 TD Auto Financial P.O. Box 9223 Farmington Hills, MI 48333-9223		prior to 8/27/14 vehicle loan VALUE \$ 4,000				806.00	
Account Number: 		 VALUE \$					
Account Number: 		 VALUE \$					
Subtotal (Total of this page)						\$806.00	\$0.00
Total (Use only on last page)						\$806.00	

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

In Re. Thomas G and Alice Ckuj Case No. _____
Debtor (if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entitues holding priority claims against the debtor or the property of the debtor, as of the date of the filing of this petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed" (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In Re:

Thomas G and Alice Ckuj

Case No.

Debtor

(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTR, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 04/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In Re: Thomas G and Alice Ckuj Case No. _____
Debtor (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F

Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 10147 AM Honda Financial c/o Bass & Associates 3936 E. Fort Lowell Road Suite 200 Tucson, Arizona 857812-1083		12/3/2007 vehicle loan				1582.00
Account Number CID538329683016USD American Express c/o NCO Financial Systems, Inc. P.O. Box 15760 Dept 07 Wilmington, DE 198505760		prior to 2/2012				4,209.31
Account Number: 12057130176 American Express Travel Related svcs c/o Nationwide Credit, Inc. 2002 Summit Blvd. Suite 600 Atlanta, GA 30319		prior to 4/2012				16,245.78
Account Number: American General Finance 20 N Clark Street #2600 Chicago, Illinois 60602		prior to 2009				5400.00
Subtotal						\$7,507.00
Total						

6 continuation sheets attached

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

In Re: Thomas G and Alice Ckuj

Case No. _____

Debtor		(if known)			
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed
Account Number: 211712001243 CB Carson P.O. Box 183003 Columbus, Ohio		consumer purchases prior to 5/1/15			
					288.00
Account Number: 211712001276 CB Carson P.O. Box 183003 Columbus, Ohio		prior to 9/17/15			
					237.00
Account Number: 41284 CB FLLBTY P.O. Box 183003 Columbus, Ohio		consumer purchases prior to 9/15			
					237.00
Account Number: 10 SC 858 Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285		judgment in 2010			
					1,229.00
Account Number: 51559700 Capital One c/o LTD Financial Services LTD P.O. Box 630769 Houston, Texas 77263-0769		prior to 6/12			
					443.00
Account Number: 2218218 Capital One Bank c/o Blatt, Hasenmiller, Lebsker & Moore 125 South Wacker Drive Suite 400 Chicago, Illinois 60606-4440		prior to 3/12			
					5,090.25
Account Number: 5291071526314222 Captial One C/O Blatt Hassenmiller 10 South LaSalle Street Suite 2200 Chicago, Illinois 60603		consumer purchases prior to 2008			
					2337.00
Subtotal					\$19,820.50
Total (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

In Re: Thomas G and Alice Ckuj Case No. _____

Debtor		(if known)			Amount of Claim
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	
Account Number: 001165635 Central DuPage Emergency Physicians Dept 20 1098 P.O. Box 5940 Carol Stream, Illinois 60197		2/2012			255.00
Account Number: 20140766 Central DuPage Hospital c/o H & R Accounts, Inc. 7017 John Deer4e Parkway P.O Box 672 Moline, Illinois 61266-0672		prior to 4/9/2013			611 50
Account Number: 7389722001 Central DuPage Hospital c/o Merchants Credit Guide Co. Department 7505 P.O. Box 1259 Oaks, PA 19456		12/13/10			150 00
Account Number: 27000243 Check N> Go Collections Department 4540 Cooper Road Suite 305 Cincinnati, OH 45242-5649		prio to 1/2012			3,165.11
Account Number: 607439563736 CitiFinancial 1967 Huntley Road Tartans Crossing West Dundee, Illinois 60118		Prior to 9/30/14 consumer purchases			14,538 00
Account Number: 41278302 Citibank c/o Asset Acceptance, LLC P.O. Box2036 Warren, MI 48090-2036		prior to 3/2012, consumer purchases			1592 32
Account Number: 8530964710 Citibank c/o Midland Credit Management 8875 Aero Drive Suite 200 San Diego, CA 92123		consumer purchases prior to 4/2012			2,638.67
Subtotal					\$7,328.00
Total (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

In Re: Thomas G and Alice Ckuj Case No

Debtor		(if known)			
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State	Contingent	Unliquidated	Disputed
Account Number: 8486782010 Comed c/o CBCS P.O. Box 163250 Columbus, Ohio 43216-3250		prior to 1/2012			
					896.32
Account Number: 444796227521 Creditone Bank P.O. Box 98873 Las Vegas, NV 89193-8873		consumer purchases prior to 10/1/15			
					425.00
Account Number: 438108487 DSNB Macy's 701 East 60th Street N Sioux Falls, SD 57104		consumer purchases prior to 2009			
					1371.00
Account Number: 43810848791 Department Stores National Bank c/o Capital Management Services, LP 726 Exchange Street Suite 700 Buffalo, New York 14210		prior to 11/2011			
					1,390.57
Account Number: 60112088 Discover Bank P.O. Box 30417 Salt Lake City, UT 84130		prior to 10/1/2015			
					3689.00
Account Number: 014436510 Discover Card c/o Client Services, Inc. 3451 Harry S. Truman Blvd. St. Charles, MO 63301-4047		prior to 2/2012			
					6,344.62
Account Number: 6672 ERC Comcast Cable Communications 1701 JFK Boulevard Philadelphia, PA 19103		cable tv services prior to 8/30/12			
					279.00
Subtotal					\$20,131.00
Total (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

In Re: Thomas G and Alice Ckuj Case No. _____

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 517800651872 First Premier Bank P.O. Box 5524 Sioux Falls, SD 57117-5524		Prior to 10/1/15 consumer purchases				175 00
Account Number: 517800637808 First Premier Bank P.O. Box 5524 Sioux Falls, SD 57117-5524		Prior to 8/1/2012, consumer purchases				841 00
Account Number: 5500 Greater Chicago Financial c/o Roberts & Weddle, LLC 111 N. Canal Suite 885 Chicago, Illinois 60606-7218		deficiency balance on repossessed vehicle				682.00
Account Number: 5489555146149194 HSBC Card Services c/o Portfolio Recovery Associates, LLC P.O. Box 12914 Norfolk, VA 23541		prior to 2/2012				860.00
Account Number: 41648100151477 Household Financial Corporation c/o Midland Credit Management 8875 Aero Drive Suite 200 San Diego, CA 92123		prior to 3/2014				28,557.58
Account Number: 639305078196 Kohls Payment Center P.o> Box 30510 Los Angeles, CA 90030-0510		consumer purchases prior to 9/1/15				291.00
Account Number: 603532014660 LTD Fin SVC 7322 Southwest Freeway Suite 1600 Houston, Texas 77074		prior to 9/22/2009				4641 00
Subtotal						\$8,728.24
Total (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

In Re: Thomas G and Alice Ckuj Case No. _____

Debtor		(if known)			
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed
Account Number: 516648720210 MABT/CONTFIN P.O. Box 8099 Newark, DE 19714-8099		consumer purchases prior to 10/1/15			
					Amount of Claim 499.00
Account Number: 137356 Medical Business Bureau 1460 Renaissance Drive #400 Park Ridge, Illinois 60068		Emergency services 6/8/2011			
					83.00
Account Number: 13735 Medical Business Bureau 1460 Renaissance Drive #400 Park Ridge, Illinois 60068		Emergency physician's services, 12/25/2012			
					574.00
Account Number: 853337 Midland Fund P.O. Bxo 60578 Los Angeles, California 90060.0578		prior to 1/1/2010 consumer purchases			
					10,907.00
Account Number: 09 M1 105243 Pickens Kane Moving Storage c/o Blatt, Hassenmiller, Leibsker & Moore 125 South Wacker Drive Suite 400 Chicago, Illinois 60606-4440		prior to 2009			
					3,831.69
Account Number: 529107152631 Portfolio RC c/o PRA Group 130 Corporate Blvd Norfolk, VA 23502		Prior to 8/1/2009			
					2,360.00
Account Number: 56035 Portfolio RC c/o PRA Group 130 Corporate Blvd Norfolk, VA 23502		prior to 3/26/13			
					1067.00
Subtotal					\$37,648.63
Total (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

In Re: Thomas G and Alice Ckuj Case No. _____

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 604584094825 Portfolio RC c/o PRA Group 130 Corporate Blvd Norfolk, VA 23502		consumer purchases prior to 5/1/15				459.00
Account Number: 18460 Portfolio RC c/o PRA Group 130 Corporate Blvd Norfolk, VA 23502		prior to 11/26/13				431.00
Account Number: 0083002169 QVC Inc. Easy Pay c/o Nationwide Credit, Inc. 4700 Vestal Parkway East Vestal, NY 13850		prior to 2/2012				292.14
Account Number: 7178838 World Financial Network Bank c/o Credit Control, LLC 5757 Phantom Drive Suite 330 Hazelwood, MO 63042		prior to 1/12				1,066.98
Account Number:						
Account Number:						
Account Number:						
Subtotal						\$31,099.47
Total						\$132,262.84

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

In Re: Thomas G and Alice Ckuj Case No. _____
Debtor (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State Whether Lease is for Nonresidential Real Property. State Contract Number of Any Government Contract

In Re: Thomas G and Alice Ckuj Debtor Case No. _____ (if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

Name and Mailing Address of Codebtor	Name and Mailing Address of Creditor

Debtor 1 Thomas G. Ckuj Case number (if known) _____
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0 00	\$ 0 00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0 00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ 2,806.00
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0 00	\$ 2,806.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$ _____	\$ 2,806.00 = \$ 2,806.00
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>		
		11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 2,806.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes Explain _____		

Fill in this information to identify your case:

Debtor 1	Thomas	G.	Ckuj
	First Name	Middle Name	Last Name
Debtor 2	Alice	M	Ckuj
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: _____

Case number (if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM/DD/YYYY _____

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Describe Employment

1 Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
- ☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

Occupation

Employer's name

Employer's address

Number Street _____

City State ZIP Code _____

How long employed there?

Part 2 Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ _____	\$ _____
3. Estimate and list monthly overtime pay.	+ \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	\$ 0 00	\$ 0 00

Fill in this information to identify your case:			
Debtor 1	Thomas	G.	
	First Name	Middle Name	Last Name
Debtor 2	Alice	M.	Ckuj
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____			
Case number (If known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Describe Your Household

1 Is this a joint case?

- ☐ No Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2 Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3 Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2 Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,025.00

If not included in line 4:

4a. Real estate taxes

4a. \$

4b. Property, homeowner's, or renter's insurance

4b. \$ 26.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$

4d. Homeowner's association or condominium dues

4d. \$

Debtor 1 Thomas G.
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | | |
|--|------|-----------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5 | \$ _____ |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ _____ 300 00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ _____ |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ _____ 125 00 |
| 6d. Other. Specify: <u>Storage</u> | 6d. | \$ _____ 220 00 |
| 7. Food and housekeeping supplies | 7 | \$ _____ 500 00 |
| 8. Childcare and children's education costs | 8. | \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ _____ 100.00 |
| 10. Personal care products and services | 10. | \$ _____ 50.00 |
| 11. Medical and dental expenses | 11. | \$ _____ 100 00 |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. | \$ _____ 150 00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ _____ 25 00 |
| 14. Charitable contributions and religious donations | 14. | \$ _____ |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20 | | |
| 15a. Life insurance | 15a. | \$ _____ |
| 15b. Health insurance | 15b. | \$ _____ |
| 15c. Vehicle insurance | 15c. | \$ _____ 150 00 |
| 15d. Other insurance. Specify: <u>Dental</u> | 15d | \$ _____ 68 00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. | \$ _____ |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$ _____ 536 00 |
| 17b. Car payments for Vehicle 2 | 17b | \$ _____ |
| 17c. Other. Specify: _____ | 17c. | \$ _____ |
| 17d. Other. Specify: _____ | 17d | \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I). | 18. | \$ _____ |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19 | \$ _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . | | |
| 20a. Mortgages on other property | 20a. | \$ _____ |
| 20b. Real estate taxes | 20b. | \$ _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ _____ |
| 20e. Homeowner's association or condominium dues | 20e. | \$ _____ |

Debtor 1 Thomas G.
First Name Middle Name Last Name

Case number (if known) _____

21 Other. Specify: _____

21. +\$ _____

22 Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses.

22. \$ 3,375 00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,806 00

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 3,375 00

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ -569 00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No. _____

☐ Yes. Explain here: _____

Debtor

(if known)

DECLARATION CONCERNING DEBTOR(S) SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

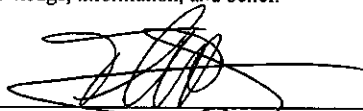
I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets (total shown on summary page plus 2), and that they are true and correct to the best of my knowledge, information, and belief.

10/31/2015

Date

10/31/2015

Date



Signature of Debtor



Signature of Joint Debtor

* * * * *

DECLARATION AND SIGNATURE OF BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b), (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required under that section, and (4) I will not accept any additional money or other property from the debtor before the filing fee is paid in full

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No (Required by 11 U.S.C. § 110)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of Title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110, 18 U.S.C. § 156.

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, _____ named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary of schedules, consisting of sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief

Date

Signature of Authorized Individual

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

In Re:

Thomas G and Alice Ckuj

Document

Page 34 of 36

Case No.

Debtor

(if known)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

STATEMENT
Pursuant to Rule 2016(b)

1 Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with this bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1465.00
Prior to the filing of this statement I have received	\$	1800.00
Amount of filing fee in this case paid	\$	335.00
Balance Due	\$	0 00

2. The source of the compensation paid to me was:

☒ Debtor(s) ☐ Other (Specify:)

3. The source of the compensation to be paid to me is

☐ Debtor(s) ☐ Other (Specify:)

4. ☒ I have not agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- ☒ Analysis of the debtor(s) financial situation, and rendering advice to the debtor(s) in determining whether to file a petition in bankruptcy under title 11 of the United States Code.
- ☒ Preparation and filing of any petition, schedules, statements, and plan which may be required
- ☒ Representation of the debtor(s) at the meeting of creditors
- ☒ Negotiation of reaffirmation or surrender of secured collateral.

☐
☐

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

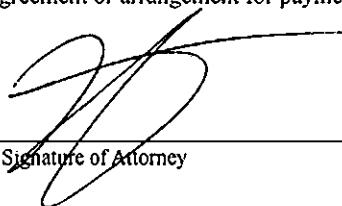
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

10/31/15

X

Signature of Attorney



B 201B (Form 201B)(12/09)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re: Thomas G and Nicole Ckuj
Debtor

Case No. _____
(if known)
Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy code.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

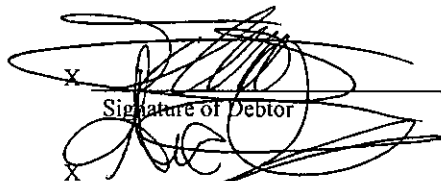
Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Thomas G Ckuj
Printed Name of Debtor

Case No. (if known)

X 
Signature of Debtor

10/31/2015
Date

X _____
Signature of Joint Debtor (if any)

10/31/2015
Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re: Thomas G and Alice Ckuj
Debtor

Case No. _____
(if known)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

10/31/15
Date

[Signature]
Signature of Attorney

Signature of Debtor

Signature of Joint Debtor

Signature of Authorized Individual